

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C Gary Triggs
207 E Union Street
PO Drawer 579
Morganton, NC 28680

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
C. Gary Triggs
- B. Received by (Printed Name) *C. Gary Triggs* Date of Delivery *8-23-01*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7003 1680 0000 0330 4672

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001
03-174 (Dec-03) SSB

Domestic Return Receipt

102595-02-11540